PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



or Fax (571)-273-2885

INSTRUCTIONS: This appropriate. All further indicated unless corrected maintenance fee notifical	form should be used a correspondence including ad below or directed off tions.	for tran ng the l nerwise	smitting the ISSU Patent, advance or in Block 1, by (a	JE FEE and PUBLIC ders and notification a) specifying a new c	CATION OF THE CONTROL	ON FEE (if requinantenance fees woondence address;	red). B vill be r and/or	Blocks 1 through 5 sh mailed to the current of (b) indicating a separ	ould be completed where correspondence address as rate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
21254	7590 05/22	/2007								
MCGINN INTELLECTUAL PROPERTY LAW GROUP, PLLC 8321 OLD COURTHOUSE ROAD SUITE 200						Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
VIENNA, VA 22182-3817						(Depositor's name)				
						HAND DELIVERED (Signatur				
						(Date)				
									(2-10)	
APPLICATION NO.	ON NO. FILING DATE			FIRST NAMED INVEN	NTOR	TOR ATTORNEY DOCKET NO.			CONFIRMATION NO.	
10/693,492	Kikuji Horiuchi 030115				3129					
FITLE OF INVENTION: ARTIFICIAL ROOT OF A TOOTH										
APPLN. TYPE	SMALL ENTITY	ISS	SUE FEE DUE	PUBLICATION FEE D	DUE	PREV. PAID ISSUE	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO		\$1400	\$300		\$0		\$1700	08/22/2007	
EXAMINER . ART UNIT				CLASS-SUBCLASS					1400 00 00	
STOKES, CANDICE CAPRI 3732			3732	433-174000					1400.00 OP	
. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).				2. For printing on the patent from page; HANI (1) the payers of up to 3 registered entert attenues [McGinn IP Law Group,						
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				or agents OR, alter	or agents OR, alternatively,					
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
B. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)										
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.										
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)										
K. K. HOLLYX Numazu-shi, Shizuoka, Japan										
Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government										
a. The following fcc(s) are submitted: 4b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above)										
☐ Issue Fee ☐ A ch								4		
☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies 5				Payment by credit card. Form PTO-2038 is attached. (Deficiencies Only) The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0481.7 (enclose an extra copy of this form).						
Advance Order - #	overpayment, to I	creby : Depos	authorized to charg it Account Numbe	ge the re	equired fee(s), any defi -0481 i (enclose an	iciency, or credit any extra copy of this form).				
. Change in Entity Stat	us (from status indicate	l above)	· · · · · · · · · · · · · · · · · · ·						
	SMALL ENTITY state		•	☐ b. Applicant is no	o long	er claiming SMAL	L ENT	TTY status. See 37 CF	R 1.27(g)(2).	
NOTE: The Issue Fee and noterest as shown by the r	l Publication Fee (if req ecords of the United Sta	uired) w tes Pate	vill not be accepted int and Trademark	l from anyone other the Office.	han th	e applicant; a regis	stered a	ttorney or agent; or the	e assignee or other party in	
Authorized Signature	En	Ш	UH	-		Date Aug	ust 2	21, 2007		
Typed or printed name						Registration N		34,386		
This collection of information application. Confident	ation is required by 37 Ciality is governed by 35	FR 1.3 U.S.C.	11. The informatio 122 and 37 CFR	n is required to obtain 1.14. This collection i	n or re	tain a benefit by the mated to take 12 n	ne publi ninutes	ic which is to file (and to complete, including	by the USPTO to process) gathering, preparing, and	

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.